



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/21/00

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NYR000085696
INSTALLATION NAME	→	ONE HUDSON SQUARE
INSTALLATION ADDRESS	→	75 VARICK ST 8TH FLOOR NEW YORK, NY 10013
MAILING ADDRESS	→	74 TRINITY PL NEW YORK, NY 10006

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 2  
290 BROADWAY, 22<sup>nd</sup> Floor  
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION  
RCRA PROGRAMS BRANCH

TO: IOANNOU, ANTHONY  
BLDG MGR  
74 TRINITY PL  
NEW YORK, NY 10006



Please print or type with ELITE

To avoid delays in processing, please complete all sections.  
Only original signature of the Generator is acceptable.

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

U.S. EPA  
AGENCY RO II  
3-16-00

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

NYR000085696

II. Name of Installation (Include company and specific site name)

ONE HUDSON SQ

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

75 VARICK - 8th FLOOR

Street (Continued)

City or Town

NEW YORK CITY

State

Zip Code

NY 10043

COUNTY CODE

County Name

MANHATTAN

IV. Installation Mailing Address

Street or P.O. Box

74 TRINITY PL

City or Town

NEW YORK CITY

State

Zip Code

NY 10006

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

IOANNINO

ANTHONY

Job Title

BLOOMER

Phone Number (Area Code and Number)

212 925-2479

VI. Installation Contact Address

A. Contact Address Location Mailing Other

B. Street or P.O. Box

SAME

City or Town

State

Zip Code

VII. Ownership PROPERTY

A. Name of Installation's Legal Owner

PARIS HALL OF TRINITY PL

Street, P.O. Box, or Route Number

94 TRINITY PL

City or Town

NEW YORK CITY

State

Zip Code

NY 10006

Phone Number (Area Code and Number)

212 925-2479

B. Land Type

C. Owner Type

D. Change of Owner Indicator

Yes

No

(Date Changed) Month Day Year

From: Jack Hoyt, AWMD, RPA, Region 2, 290 Broadway, 22 Fl.  
New York, NY 10007-1866. Tel: (212) 637 4106

Address verified US Post Office (58)



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

## A. Hazardous Waste Activity

## 1. Generator (See instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)

## 2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only  
☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air  
☐ 2. Rail  
☒ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify

## 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral  
☐ 2. Small Quantity Exemption  
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

## 5. Underground Injection Control

## B. Used Oil Recycling Activities

## 1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler  
☐ b. Industrial Boiler  
☐ c. Industrial Furnace

## 3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter  
☐ b. Transfer Facility

## 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process  
☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

## 1. Ignitable (D001)

☐

## 2. Corrosive (D002)

☐

## 3. Reactive (D003)

☐

## 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☒☐☐☐☐☐☐☐☐☐☐☐☐

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
D100181
7

2
8

3
9

4
10

5
11

6
12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, and those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: ORIGINAL (NO COPY)

Don Porzaccaro

Name and Official Title (Type or print)

SAL PORZACCARO, MECH-MANAGER TRMCO

Date Signed

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)